



Lead Update

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HEALTH efforts on legal enforcement of non compliant property owners

HEALTH has been working to improve the response time in referring non-compliant property owners for prosecution. In order to better coordinate the legal enforcement of HEALTH's Notices of Violation regarding properties identified with significant lead hazards, monthly meetings between the Lead Program, the RI Attorney General's Office and code enforcement in the City of Providence are being held. Providence Housing Court hears lead cases twice a week and cases are also being heard before the Department of Health's adjudication officer.

Since May 1999 greater than 200 cited properties have been referred for prosecution; of these:

- 58 have obtained complete lead safe certification or only soil hazards are pending;
- 18 have obtained lead safe certification for the interior of the dwelling with exterior hazards pending

The remaining properties are in various stages of achieving lead safe certification. Many have engaged in Consent Agreements with HEALTH, maintaining the dwelling unit vacant until compliance is achieved. Several of the property owners have chosen to participate in one of the lead abatement grant programs available in the state.

A constant problem encountered with non-compliant property owners is sale of the property, rather than addressing lead hazards. Often the purchaser has not been disclosed that lead hazards exist and are confronted with unanticipated costs. To combat this problem, the Environmental Lead Program requests that the city or town recorder of deeds place a mark on the deed of the property when a 2nd Notice of Violation is issued. As this prevents clear title, it presents an obstacle to transfer of properties with unresolved lead hazards.

Working with the representatives of these offices has allowed for a more proactive and cooperative approach in achieving compliance and a safer housing stock in Rhode Island. For more information contact Al Cabral, at 222-7795, ajc@doh.state.ri.us in the Environmental Unit.

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Study finds high rates of lead poisoning on refugee children

A recent study in *Pediatrics* (July 1, 2001, Vol. 108, No.1, pp.158-162) found a high prevalence rate of childhood lead poisoning among refugee children - at least twice the rate for U.S. children. "Lead Poisoning Among Refugee Children Resettled in Massachusetts," authored by Paul L. Geltman, MD, MPH; Mary Jean Brown, RN, ScD; and Jennifer Cochran, MPH, analyzed blood lead data for refugee children under age 7 in Massachusetts between July 1, 1995 and December 31, 1999 shortly after their arrival in the U.S. The study, conducted to address the lack of data on immigrant and refugee populations in the U.S., found 11.3% of the 693 children tested had an elevated blood lead level >10 ug/dL. A strong correlation existed between country of birth and the incidence of lead poisoning, as children from developing countries were found to have a slightly higher prevalence rate (27% of Somali and Vietnamese children). Children born in countries in northern Eurasia had prevalence rates similar to U.S. born children. A significant percentage (7%) of refugee children acquired lead poisoning after their arrival in the U.S., suggesting that follow-up testing is critical. The study concludes that refugee status should be considered a risk factor for lead poisoning and stresses the importance of blood lead testing for this high-risk group. The study can be obtained online for \$5 at <www.pediatrics.org>. (from July/August 2001 Alliance Alert Newsletter).

Summary of Findings from Lead Guidelines Survey

The Childhood Lead Poisoning Prevention Program asked 62 doctor's offices to complete a brief telephone survey to assess the usefulness of posters illustrating the Department's Lead Screening Guidelines. The plurality of responses came from nurses, followed closely by office managers, which combined account for 74% of the respondents. However, no associations were found between the type of respondent and the answers to any of the questions.

- ◆ Over 90% of the respondents remember being visited by the program illustrating a significant success with at least getting the attention of the offices.
- ◆ Nearly 80% of the offices reported that they hung the provided poster.
 - Nearly a quarter reported hanging the posters in multiple locations
 - Another quarter placed the posters solely in examination rooms.
 - Only one reported hanging the poster at a nurse's station.
- ◆ The survey also provided solid evidence that the offices found the posters to be helpful:
 - 86% rating them either very useful or useful.
 - Only two responded that the posters were not at all useful.
 - Those who posted it in the exam or waiting rooms found it to be the most useful, and those who placed it in "other" locations the least useful.
- ◆ The survey would also suggest that not only has the Lead Program provided appreciated information, but also that the vast majority of providers would like additional contact from the program.
 - Over 80% would appreciate another visit with more information
 - Nearly three-quarters would be interested in having the program provide a brochure rack with pamphlets for the waiting area.
 - Those interested in a return visit are somewhat more likely to be interested in the brochure rack.
 - Those offices that did not find the guidelines to be helpful were equally as interested in receiving additional visits.

For additional information on this survey please contact Patrick MacRoy, MPH at 222-7730.